| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number | | | |
|---|----------------------------|---|-----------------------|--------------------------|------------------|------------------|---|--|--|--------------|---------------------|------------------------|
| | | CLAIMS | (Column 1) (Column 2) | | | | | SMALL ENTI | | TY OTHER THE | | THAN |
| U.S. NATIONAL STAGE FEES | | | , | | | | R | RATE | |] | RATE | FEE |
| BASIC FEE | | | | | - | | BASIC | FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | † | • | | | EXAM | . FEE | | 1 | EXAM. FEE | 200 |
| SEARCH FEE | | | | • | | W | SEAR | CH FEE | | 1 | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus,100 = | | | / 50 = | 125 = | | 1 | X \$ 250 = | 700 | |
| TOTAL CHARGEABLE CLAIMS | | | /2 minus 20 = . | | | | | 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 3 | minus 3 = | | | X \$ | 100 = | | OR | X \$ 200 = | _ |
| MULTIPLE DEPENDENT CLAIM PRE | | | ESENT | | | П | + \$ | 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is I | | | less than z | ero, enter "0 | " in co | olumn 2 | <u> </u> | OTAL. | | OR | TOTAL | 9/0- |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID F | USLY | PRESENT EXTRA | R | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | SAME | Minus | ** | | = | X \$ | 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | x \$ | 100 = | | OR | X \$ 200 = | |
| _ | FIRST PRES | SENTATION OF N | MULTIPLE D | EPENDENT C | LAIM | | +\$ | 180 = | | OR | + \$ 360 = | |
| TOTAL A | | | | | | | | | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colum | ın 2) | (Column 3) | | | | | | |
| INT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO | ST ER USLY | PRESENT EXTRA | R | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = | X \$ | 25 = | | OR | X \$ 50 = | |
| AME | Independent | * | Minus | *** | | = | X \$ | 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULT | | | TIPLE DEPENDENT CLAIM | | | + \$ | 180 = | | OR | + \$ 360 = | |
| | | | | | | | | ADDIT. FF | | OR | TOTAL ADDIT. | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |